Alcohol and Whole Family Recovery: What we know and what we don't know

This document provides an overview of themes that emerged from the Adfam's Whole Family Recovery and alcohol focus groups in Leeds (with eight people - 13 August 2013) and in Hertford (with five people - 14 August 2013), and structured interviews with three young people in Scotland (3 September 2013) conducted by STRADA.

The focus group participants were invited to attend the groups by a family support agency from whom they were receiving assistance. The focus groups took place at the agency where participants had a pre-existing relationship with project staff and felt comfortable. Refreshments were provided. Questions were open ended and discussion was encouraged. A facilitator sought to ensure that all members of the group participated. The sessions were recorded, with the permission of all participants, and then transcribed. All data has been anonymised.

This initial research was conducted to scope the impacts of the recovery of someone with an alcohol problem on the family members involved – and how having a loved one 'in recovery' is often a complex and mixed experience. Recovery for family members emerged from the research as a multi-faceted and personal journey which created unique issues and barriers for each person.

The limited available literature suggests that the amount of support available to facilitate the recovery of families of alcohol users is not very significant – there is 'a lack of services *specifically* for children and families affected by alcohol misuse'[1] research indicates. There is of course a higher treatment focus on the individual themselves, but services 'historically tended to be very individualistic in their approach to treatment, viewing clients in a vacuum isolated from their families, friends, networks and communities'[2].

Adfam's *Out of Focus* (2013)[3] found a number of barriers to the possible recovery of family members:

- Not knowing where to go for help
- A lack of knowledge of how families can be supported amongst GPs and other primary caregivers
- Not thinking they were deserving of support – because the problem lay with the drinker
- Not thinking they were deserving of support – because alcohol is legal and 'not as bad as drugs'
- Not thinking they were deserving of support – because alcohol is everywhere and it's sometimes hard to tell when a problem has arisen
- Shame and stigma preventing family members from talking about the issue with friends, relatives and professionals

The family members we spoke to considered both the impact of their loved one's drinking and recovery journey. Below are the key issues the family members raised.

[1] Service provision for the children and families of alcohol misusers: a qualitative study, Sarah Zohhadi, Lorna Templeton and Richard Velleman
[2] 'Planning the service' section, Working with the children and families of problem alcohol users: A toolkit – University of Bath
[3] Available at www.adfam.org.uk/cms/docs/adfam_alcoholreport_2013.pdf

1. The recovery of the drinker

a. **Defining recovery for the drinker- many family members did not see their loved one's journey as 'recovery', and had a diverse understanding of what it meant. It was clear however that recovery didn't *just* mean their loved one stopping drinking and was far broader than the substance use. Even when their loved ones did manage to cut down on their drinking many family members reported that they were not happy and that the problematic behaviour and stress continued throughout their recovery journey.**

Young people perhaps struggled the most to identify what recovery meant for their parents who drank – with most agreeing it meant them 'getting well'. Some of the children who didn't live with the drinker reported that professionals (motivated by understandable concern and a desire to protect) prevented them from seeing their parents during relapse which left them upset and feeling unable to legitimately express their desire to see the parent they loved. This then may feel, to the young person, that they are being punished for the behaviour of the parent. This could block vital opportunities to explore their desire to see and maintain relationships with the 'relapsed' parent.

'Yeah, she seemed to struggle with herself in the real world, I mean relationships just generally. So I feel she's been living a very limited life without the alcohol. It [sobriety] didn't seem to be the liberating freeing up thing I thought it would be.'
Participant in focus group in Hertford

'I can honestly say, when our daughter was in rehab, I don't think she was happy when she was sober.'
Participant in focus group in Hertford

b. **Many family members were jaded by their loved one's recovery journey – an 'I'll believe it when I see it' mentality was common, with a sense of hopes having been repeatedly dashed. Some, including the young people, mentioned the challenges the lack of progress in recovery caused for them. It had a knock-on effect on their own recovery, which was generally impeded by the stress and worry caused to them by the up-and-down health, behaviour and needs of their loved one.**

'They say once an alcoholic, always an alcoholic - that's what I've heard. And I just sort of think, gosh will my son ever be free from alcohol?'
Participant in focus group in Hertford

'I knew she [mother] was lying, and that hurt. I loved her but it was very hard.'
Young person taking part in a structured interview in Scotland

c. **Much of this jadedness stemmed from their loved one's behaviour, and specifically their lapses (short-lived and relatively minor periods of drinking and deviation, perhaps, from an agreed programme of abstinence) and relapses (major occurrences of 'falling off the wagon' and a return to older, sustained patterns of problematic drinking). Lapse and relapses could happen after a few days, weeks, months, one or two years or in one case after 12 years. This sense of bad news waiting just around the corner undoubtedly presented challenges to the mental health and happiness of family members, something which was reinforced by the worry of not being sure how**

serious a lapse was, and whether a short-lived lapse of a few days might turn into a return to old, unwanted ways.

Young people felt the potential weight of lapse/relapse very keenly – they had often experienced long periods of recovery and stability, where major positive changes had been made, only to be followed by a further relapse.

'It's like a cycle. He used to go so long then, go through his detox, stay off it for three, four months and then it'd happen again.'
Participant in focus group in Leeds

'We were doing ok, but then it all got messed up again.'
Young person taking part in a structured interview in Scotland

'We thought she'd really, really done it this time. She was so positive. Her whole outlook had changed hadn't it? Totally different we really thought. But as I say two weeks before the six months was up she went out and she'd got her daughter with her as well which is not good. Which we didn't realise at the time that she'd had a drink. But…then it all came out that she did have a relapse.'
Participant in focus group in Hertford

d. Of course some of the alcohol-using relatives of the family members we talked to did make genuine and sustained efforts 'to recover' or to engage in treatment. Many family members believed that the alcohol user could only begin a healing process of recovery when they genuinely wanted to do it – often when they had hit rock bottom.

'She does try but she doesn't succeed…She's done several detoxes, she done eight months in rehab, came out a week before Christmas, started drinking again which is the wrong time to come out. Then she did six months in rehab, came home for a weekend two weeks into the six months and panicked and ran into a support groups and said she wasn't safe to be here. 'Lock me away forever' she said.'
Participant in focus group in Hertford

'I've helped her carry on and I've tried to drag her down in a way because that's, I want her to reach that rock bottom.'
Participant in focus group in Leeds

'We made him purposely homeless. But that helped him at the end of the day cos he got to rock bottom.'
Participant in focus group in Leeds

e. A lack of support from alcohol treatment was also identified by family members as a significant barrier to the drinker's recovery.

'My issue with recovery is he actually did show signs of wanting help…and got in touch with someone and of course the waiting list was so long I think for an appointment that the weeks went by and he did ring them back but eventually the appointment came and he'd already gone back to drinking.'
Participant in focus group in Leeds

2. The recovery of the family member

a. **Most families did not identify with the term 'recovery' for themselves – they saw recovery as something the drinker themselves must engage with. Their own recovery or happiness was generally considered a corollary to the recovery of the drinker and contingent on their loved one stopping drinking, and not as a process in its own right which could be furthered or sustained by other people or services such as family support groups or meeting other people going through the same issues.**

'It's difficult to talk about recovery when there hasn't been any recovery from the alcoholic.'
Participant in focus group in Leeds

b. **When asked what recovery meant for them, many family members replied that it meant returning to some sort of normality. They were not looking for an extreme turnaround in their daily lives, nor were they hoping to achieve an idealised version of family life. They simply wanted to take part, without shame or constant worry about alcohol consumption, in what most people would class as fairly normal family activities – going to a wedding, or family barbecue or Sunday lunch. They also hoped for more 'normal' relationships.**

Some young people suggested that if the recovery of the parent coincided with a transition in their own lives (for instance moving school) it could be seen as a positive 'new start' for all. Given the rapid pace at which young people's lives change, their level of emotional maturity and their lack of access to practical adult resources, their recovery is perhaps even more fragile and harder to define than that of their adult equivalents.

'[Recovery means…] Ooh my son would be back to normal. I could be happy. I could smile again. Put my money in my bank. Not worry about it anymore.'
Participant in focus group in Hertford

'I suppose I thought she had recovered, I suppose I thought that's what recovery was… so I thought great, yeah, we can be normal – whatever that is. I suppose I thought I can hold my head up in the street, I don't feel the shame anymore and the stigma anymore. I will be a world class citizen.'
Participant in focus group in Hertford

'It was horrible [when mother was drinking heavily] so when she was better it was really good that I didn't see her like that.'
Young person taking part in a structured interview in Scotland

c. **Recovery was also described as having something meaningful in your life – not just coping but enjoying. Some family members made it clear that their own potential for meaningful activity had been compromised by the actions of the drinker.**

'I've come to think of it as to say, I might kiss my wife, and otherwise lead a fulfilling and happy life, basically.'
Participant in focus group in Hertford

'For me it's really about living to my potential which I don't feel I have yet. So it's trying to find out how I can find who I am actually; it's having an identity as well. So trying to find my identity I think is

really key.'
Participant in focus group in Hertford

d. Part of the lack of consensus on what recovery meant for families stemmed from the sheer variety of experience across different generations and different family configurations. Some older people whose child was a problem drinker ended up with unexpected caring responsibilities if they had grandchildren. Sometimes a lack of consensus within a family or across the generations made recovery additionally difficult. People of different ages have different approaches to asking for help, hiding things and denial – all of which affected recovery for families.

This diversity suggests that family recovery is multi-faceted and that different family members may have their own reasons and barriers which prevent them from moving forward and making progress – whatever that looks like for them.

'I've got three sons giving him a drink in their houses and at our house - I don't have it in my house, my daughter's got nothing in her house. And I get all the repercussions from it.'
Participant in focus group in Leeds

'My husband doesn't verbalise how he's feeling, it's 'oh drink doesn't bother me' but it obviously does because it's always been a problem for him…to the point where me and my sons, our sons became his carers. We were his support network and we worked as a tight unit to keep him functioning.'
Participant in focus group in Leeds

'My middle daughter she stuck up for her dad all the time, and I felt like anytime I used to tell her anything we'd end up getting almost into an argument.'
Participant in focus group in Leeds

'My sons have left the father emotionally way behind because his addiction impacted on his growth and his relationships'
Participant in focus group in Leeds

'At the end of the day we've got to put our granddaughter first.'
Participant in focus group in Hertford

'My mum is an alcoholic and has been I think since I was about the age of 8. I have other addiction in my family as well. My sister has drug and alcohol addiction, my grandmother had an alcohol addiction, and my son has a gambling addiction and all kinds of issues. My dad had chronic gambling addiction.'
Participant in focus group in Hertford

e. Family members suggested they felt a responsibility for maintaining and supporting their loved one's recovery, even if it substantially inhibited their own happiness. They felt they had to protect their loved one from the pressures of 'real life'.

'I've had opportunities to go for weekends but I just don't seem to be able to plan to do it I don't think it's fair on my son cause it will impact on him and he'll have all responsibility to deal with.'
Participant in focus group in Leeds

'There is always going to be that niggle in your mind when you're away that something's going to happen.'
Participant in focus group in Leeds

'I thought it's going to be my job to pick up the pieces again when she starts drinking and I'm going to have to fix this, I'm going to have to start getting involved.'
Participant in focus group in Hertford

f. Even when their loved ones were 'in recovery' this did not necessarily relieve the everyday stress for families or improve their own health and wellbeing. Sometimes the worry of lapse and relapse was so strong that what might look to the outsider like good progress and meaningful recovery was to the family member an unhappy time. Family members suggested that years of stress and disappointment had reconfigured their lives and priorities so radically around the drinker that they could not actually enjoy the semblance of normality when it did return to them, for fear of an abrupt end.

'When mum first did her detox I used to have sudden panic attacks; sudden anxiety that 'gosh, she could start drinking again tomorrow'.'
Participant in focus group in Hertford

'I still don't have money in the house and I can see that being forever. I hide my cheque card still and I can see that being forever. My friends and family that come to the house - you know not to bring anything of value with them. And I don't think that will ever change even if he becomes fully recovered 'cause I think trust has gone. And when he initially gave up for a while I wanted to trust him again and I felt I did a little bit. But now I don't think I'll ever trust him again. Even if he made a full recovery I would never be able to trust him cause its always there.'
Participant in focus group in Leeds

g. Despite the lack of clarity over what recovery was and how it might be accessed by family members some positive factors were identified as having helped people deal with their loved one's drinking. Good services and support were mentioned by many family members as critical. Family members felt that without support services they could not be strong and stick to coping strategies that both protect them and support the drinker in making healthier choices.

Benefits of services were identified as: objective staff that could look with an outside perspective; emotional support and a shoulder to cry on; coping strategies; and staff who would push the family members – not always just be 'nice'. Family members explained how the support they received – both from peers and from practitioners – enabled them to: make informed decisions to protect their own health and well-being (as well as that of the drinker); lay down appropriate boundaries; have sufficient resolve to stick to them; and encourage and support their loved one into treatment. The group also provided them with the empathetic emotional support that friends and the wider community perhaps could not due to shame, stigma and a lack of understanding of problematic drinking.

Recovery was presented as active rather than passive. It was not just about trying to change or learning to deal with the loved one, but about making positive changes in one's own self in terms

of behaviour, outlook and priorities. Family members suggested that their own happiness and wellbeing was something important which needed safeguarding.

There was a strong sense that without access to external support recovery for family members was less possible. Praise for drug and alcohol family support groups was nearly universal, although of course the sample was self-selecting – the focus groups were organised through support groups and therefore those attending them were already engaged with support groups and likely to be in favour of them. Good, sensitive support was singled out as being effective in moving family members forward and helping them, although a range of complex and damaging feelings remained for everyone at the focus groups.

'They push you to get on with *your* life and make changes to *your* life in order to cope.'
Participant in focus group in Leeds

'And it's a tool [family support meetings] to help you get your bit in proportion and reclaim your life.'
Participant in focus group in Leeds

'You tell us how to say no.'
Participant in focus group in Leeds

'It has helped me – it's made me feel stronger. It's made me very, very strong. And it's made me say things to him that I would never say before because I'd hurt his feelings, but what about my feelings? They didn't exist but now they do.'
Participant in focus group in Hertford

'They [family support workers] do seem to be able to deal with that. That painful, that scary stuff you can share that in the safe environment and they know how to hold that and cope with that. But when you see they clearly can cope with it.'
Participant in focus group in Hertford

'And it's free (chorus of people echo this). That's important. Yeah that's key actually 'cause I couldn't afford.'
Participant in focus group in Hertford

'It does give you coping mechanisms which you can implement to alleviate your distress because it is a very distressing situation.'
Participant in focus group in Leeds

'But I know ways of dealing; ways of coping thanks to XXX. It's [about] finding how to cope and ways to cope.'
Participant in focus group in Leeds

'I used to get phone calls from my son, 11 at night – 12'o'clock at night and of course I'd answer the phone, sometimes I'd wish I hadn't have done and he'd say "oh mum I've been thrown out can you come and get me?" and I'd come and get him. But I've stopped all of that. Literally I've put a wall up.'
Participant in focus group in Hertford

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